**Te Komiti Whakarite | CDHB Research Consultation with Māori**

\*Email completed form to Eru Waiti (eru.waiti@cdhb.health.nz).

\*Email an electronic copy of your full ethics proposal to Eru Waiti (eru.waiti@cdhb.health.nz).

|  |
| --- |
| Research Title |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Have you registered with the Research Office | Research Office Number |
| Yes [ ]  | No [ ]  | Pending [ ]  | Click or tap here to enter text. |

Is your Research governed by an International Protocol? Yes [ ]  No [ ]

Māori Consultation has been sought through: UO [ ]  UC [ ]  DHB [ ]  Other [ ]

|  |  |  |
| --- | --- | --- |
| Is this a multi-centre study? | Yes [ ]  | No [ ]  |
| Lead Centre | Click or tap here to enter text. |
| Local Host Institution | Click or tap here to enter text. |
| Local Research Location | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Local Named Investigator 1 | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

Please advise Eru Waiti (eru.waiti@cdhb.health.nz) if the letter from Te Komiti Whakarite is to be sent to someone other than the named Local Investigator 1 (above)

|  |  |
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| Named Investigator 2 | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |

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| --- | --- |
| Proposed Commencement Date | Click or tap to enter a date. |
| Proposed Completion Date | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| Have you read the HRC booklet *‘Guidelines for Researchers on Health Research Involving Māori 2010’?* | Yes [ ]  | No [ ]  |

**Layout Summary of Research**
*This could be similar to the information on your Patient Information and Consents Sheet*Structure your summary using the following headings as appropriate – **Background, Aim, Design, Subjects** and **Main Outcome Measures**

There is a ONE PAGE limit | Click or tap here to enter text

**Relevance to Māori Health Outcomes**

Will you be collecting ethnicity data? Yes [ ]  No [ ]
*If NO, please provide reasons why you won’t be collecting ethnicity data*

Does your Participation Information Sheet provide contact details for Māori Health Support? Yes [ ]  No [ ]

Are any blood samples or human tissues being sent to overseas laboratories for analysis or storage? Yes [ ]  No [ ]

Does your research involve the study of DNA (genetics) Yes [ ]  No [ ]

Does your research allow for whānau/family support during study sessions, visits, interviews etc Yes [ ]  No [ ]

**How might your research contribute to the health needs of Māori? What is the health significance and context of this research to Māori?**

Click or tap here to enter text.

**If there are Māori participants in the project, how has tikanga been incorporated into the methodology? For example, what culturally appropriate methods will be used to recruit, how is data from Māori to be collected, stored and analysed, will Māori specimens/samples be returned or disposed of appropriately?**

Click or tap here to enter text.

**Dissemination of Results. How, when and to what Māori groups, will the researchers actively disseminate research results?**

Click or tap here to enter text.

I consent to Te Komiti Whakarite obtaining a copy of this study’s **Ethics Approval Letter** from the Research Office in the interest of monitoring when progress reports will be available Yes [ ]  No [ ]

For the purpose of auditing, I understand Te Komiti Whakarite will retain a copy of this study’s **Ethics Application** submitted with this form Yes [ ]  No [ ]

*Approved by
Chairperson of Te Komiti Whakarite 16/01/2020*